

July/August 2015



NEIGHBORHOOD PRIDE PAINT PROGRAM

Mayor
Scott Voigts

Mayor Pro Tem
Andrew Hamilton

Council Members
Dr. Jim Gardner
Adam Nick
Dwight Robinson

City Manager
Robert C. Dunek

Dear Homeowner:

The City is involved in a comprehensive effort to maintain and improve the character, aesthetic quality, and property values within the community by working cooperatively with businesses and residents.

One of the programs the City has implemented is its annual Neighborhood Pride Paint Program. This program is designed to assist qualified homeowners by painting the exterior of their homes. The Neighborhood Pride Paint Program project is funded by the City's Federal Community Development Block Grant Program. In previous years, the City successfully painted over 100 owner-occupied homes. This year, we are looking for qualified homeowners who are interested in participating in this program and having the exterior of their homes painted.

The City will select a number of owner-occupied homes **by lottery** to be recipients of this year's Neighborhood Pride Paint Program based on need. Due to funding constraints, the number of homes selected to participate in this program will be limited. A paint contractor will professionally "prep" and paint each home. To qualify: (1) Properties must be owner-occupied. (2) Homeowners must income-qualify by **not exceeding** the income limits by household size as stated on the chart below for two tax years and the year applying to the program. (3) The home must be in need of painting. (4) The existing exterior paint must be lead-free. (5) Assets cannot exceed \$120,000 (not including homeowner's primary residence). Prior to acceptance, homes will be tested to determine if lead-based paint is present on the exterior of the home.

Income Limit by Household Size

1 person household	2 person household	3 person household	4 person household	5 person household	6 person household	7 person household	8 person household
\$52,500	\$60,000	\$67,500	\$74,950	\$80,950	\$86,950	\$92,950	\$98,950

If you are interested in participating in this year's paint project, please pick up an application packet at City Hall or download an application on the Lake Forest website. Return the application to the City of Lake Forest, Attention: Sandi Medrano, 25550 Commercentre Drive, Suite 100, Lake Forest, CA 92630, no later than 5 p.m. on September 28, 2015.

If you have any questions, please do not hesitate to contact me at (949) 461-3552.

Sincerely,
CITY OF LAKE FOREST

Sandi Medrano
Neighborhood Pride Paint Consultant



**LAKE FOREST
NEIGHBORHOOD PRIDE PAINT PROGRAM
APPLICANT CHECKLIST**

Please read carefully and check off each item as it is completed.

- ☐ Have you completed and signed the Income Affidavit Form, Monthly Expenses Form, Assets Declaration Form, Property Appraisal Form and all the necessary attachments?
- ☐ Have you signed the Fair Lending Notice, Release of Verification form and Lead Based Paint Notice?
- ☐ Have you enclosed a copy of your: Grant Deed and Promissory Note, (homeowners) or Certificate of Title **and** current Registration Card (mobile homeowners), Property Tax bill, owner's fire insurance declaration page, and recent mortgage statement for loans on the subject property?
- ☐ Have you included your 2 most recent paystubs and a **full** copy of your last two Federal Tax returns that are signed by you for 2013 and 2014 (and 2012 if self-employed)?
- ☐ Have you **included the last 2 months statements** for all checking/saving accounts, credit cards, money market or mutual funds accounts, 401K/Retirement accounts and stock certificates?

Please also enclose a copy of your Driver's License or Identification Card issued by the State of California.

I/We hereby acknowledge that the information is needed and as provided is correct to the best of our knowledge, under penalty of perjury. I/We also understand that the above information falls under the laws and guidelines of the RIGHT TO PRIVACY ACT and as such will not be disclosed to anyone other than to those necessary for the approval of our application, or when necessary, as prescribed by law.

Applicant Signature

Date

Co-Applicant Signature

Date

Email Address: _____ Preferred method of contact Email ☐ Phone ☐

Demographic Information: This following information is confidential and used for reporting purposes only and is not considered for the purposes of obtaining a paint grant.

Household is:

White _____ Black/African American _____ American Indian/Alaska Native _____

Asian _____ Asian AND White _____ Native Hawaiian or other Pacific Islander _____

American Indian/Alaskan Native AND White _____ Black/African American AND White _____

American Indian/Alaskan Native AND Black/African American _____ Other _____

Ethnicity: Do you consider your household Hispanic? Yes _____ No _____

Head of Household is: Male _____ Female _____

CITY OF LAKE FOREST

NEIGHBORHOOD PRIDE PAINT PROGRAM

HOUSEHOLD COMPOSITION

List the head of your household and ALL members who live in the home, and their relationship to the head of the household.

Full Name	Relationship	Age	Social Security Number
	Head of House		

Does anyone plan to live with you in the future who is not listed above, and if yes, please explain. _____

Please list anyone in the household who is handicapped or disabled:

The information provided above is true and complete to the best of my/our knowledge, under penalty of perjury. I/we consent to the disclosure of income and financial information from my/our employers and financial references for purposes of income and asset verification related to my/our application and understand that nondisclosure of any information can be a basis for denial.

Applicant Signature: _____ Date _____

Co-Applicant Signature _____ Date _____

CITY OF LAKE FOREST
NEIGHBORHOOD PRIDE PAINT PROGRAM
INCOME AFFIDAVIT FORM

_____ Applicant	_____ Co-Applicant
_____ Address	_____ Phone No.

Please list all sources of income and their amounts in the chart below:

	SOURCE OF INCOME	GROSS MONTHLY AMOUNT
1.		
2.		
3.		
4.		
5.		

MONTHLY TOTAL \$ _____

Verification of all sources of income is necessary for anyone residing in the household. **Review the list below and attach copies of all applicable documents.**

1. Two most recent paycheck stubs showing year-to date totals for all household members.
2. Social Security, retirement and/or pension, disability or other Award letters, or copies of checks to substantiate the awards.
3. Last two years W-2, and State and Federal Tax Returns.
4. If self-employed, you must submit current profit/loss statement and 3 years tax returns.
5. If you have rental income, you must submit current operating statement showing net income.

The information provided above is true and complete to the best of my/our knowledge and belief.

_____ Applicant Signature	_____ Date
_____ Co-Applicant Signature	_____ Date

CITY OF LAKE FOREST

MONTHLY EXPENSES

	MONTHLY PAYMENT	UNPAID PRINCIPAL BALANCE
First Mortgage Payment*	\$	\$
Real Estate Taxes (Monthly)	\$	\$
Hazard and Flood Insurance (Monthly)	\$	\$
Other Financing Secured by Property*	\$	\$
Association dues, space rent, etc. Please specify	\$	\$
Credit Card*	\$	\$
Credit Card*	\$	\$
Credit Card*	\$	\$
Credit Card*	\$	\$
Other liabilities* (Please specify)	\$	\$
Other liabilities *(Please specify	\$	\$
Other liabilities *(Please specify)	\$	\$
TOTAL	\$	\$

***Please provide copies of most recent statements for all liabilities.**

The information provided above is true and complete to the best of my knowledge and belief.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature _____ **Date:** _____

ASSETS DECLARATION FORM

Applicant

Address

Assets	Cash Value	Bank Name	Account Number
Checking Account*	\$		
	\$		
Savings*	\$		
	\$		
Credit Union*	\$		
	\$		
Stocks/Bonds*	\$		
401K/Retirement*	\$		
Automobiles	\$		
	\$		
Estimated Value of Furnishings and ALL Other Assets	\$		

***MUST INCLUDE 2 RECENT STATEMENTS FOR ALL ACCOUNTS.**

DECLARATION OF OTHER REAL PROPERTY (INCLUDING TIME SHARES)

Address of Property	Type of Property	Present Market Value	Amount Owed on Mortgage	Mortgage Payment	Gross Rental Income	Lien Holders

I/We certify that the above information represents our present asset and real property position. If there is a change in the above information prior to the funding of this loan, I/we agree to notify the City immediately.

Applicant Signature

Co-Applicant Signature

PROPERTY APPRAISAL FORM

Borrower's Name: _____

Property Address: _____

Please check the type of dwelling unit for which you are requesting funds:

Single Family Detached Home _____ Townhouse _____

Condominium _____ Mobilehome _____

Owner Occupied? _____ Yes _____ No

SINGLE FAMILY PROPERTY

Please fill in the following information: Estimated Value _____

Square Feet _____ Purchase Amount _____ Number of Bedrooms _____

Year Purchased _____ Year Built _____ Number of Baths _____

PLEASE CHECK IF ANY IMPROVEMENTS APPLY

Fireplace _____ Dean/Family Room _____ Pool _____

Patio _____ Sprinkler System _____

To be completed by the City of Lake Forest - Appraisal Review

COMPARABLE PROPERTIES:

	ADDRESS	ESTIMATED VALUE	DATE OF SALE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Estimated Value of Property: _____

FAIR LENDING NOTICE

It is unlawful to discriminate in the provision or availability of financial assistance because of consideration for:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the lending institution can demonstrate, in the particular case, that such consideration is required to avoid an unsafe and unsound business practice; or

2. Race, creed, color, religion, marital status, national origin, or ancestry.

It is unlawful to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation, or whether or not such composition is undergoing change, or is expected to undergo change, when appraising a housing accommodation, or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one-to-four family residences occupied by the owner for the purpose of the home improvement of any one-to-four unit family residence.

If you have any questions about your rights, or if you wish to file a complaint, contact:

Office of Fair Lending
1120 "N" Street
Sacramento, CA 95814

I/ (we) received a copy of this notice.

Applicant Signature

Date

Co-Applicant Signature

Date

**CITY OF LAKE FOREST
RELEASE OF VERIFICATION**

I/We, _____, the undersigned, hereby authorize any and all of the groups or individuals that may be listed below, to release without liability to the City of Lake Forest or its agents, any and all information they may request.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include, but are not limited to:

Identity and Marital Status
Medical or Child Care Allowance
Residences and Rental Activity

Employment, Income, and Assets
Credit and Criminal Activity

I/We understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the Neighborhood Pride Paint Program.

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED:

The groups or individuals that may be asked to release information include, but are not limited to:

Previous Landlords
Public Housing Agencies
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Veterans Administration
Utility Companies

Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Banks and Other Financial Institutions
Retirement Systems
Credit Providers and Credit Bureaus

CONDITIONS:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review my/our file and correct any information that I/we can prove is incorrect.

Applicant Signature

Date

Co-Applicant Signature

Date